

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673667	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99						
50							100						
TOTAL IND.	10	1	11	1	13	1	TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	11	1	12	1	14	1	TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	11	1	12	1	14	1	TOTAL CLAIMS	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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